

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	20/03/2023 18:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/03/2023 00:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	222 SUMANG LANE DECK 5A
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX1996P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARISH S/O MURALITHARAN
NRIC No	S9601131H
Email Address	harishblizzard23@gmail.com
Mobile Phone No	(Phone) +65-96362013
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC TYPE-R 2.0 M
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	HARISH S/O MURALITHARAN
NRIC No	S9601131H
Date Of Birth	06/01/1996
Occupation	Indoor

Date Of Driving Pass .....	21/11/2014
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96362013
Alt. Phone Number .....	-
Email Address .....	harishblizzard23@gmail.com
Address .....	APT BLK 220C SUMANG LANE #15-45 (S) 823220
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC3224R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

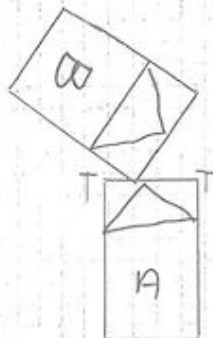
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: SMX 1996P

B: SHC 3224P

Describe Circumstances of the Accident

Refs to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.

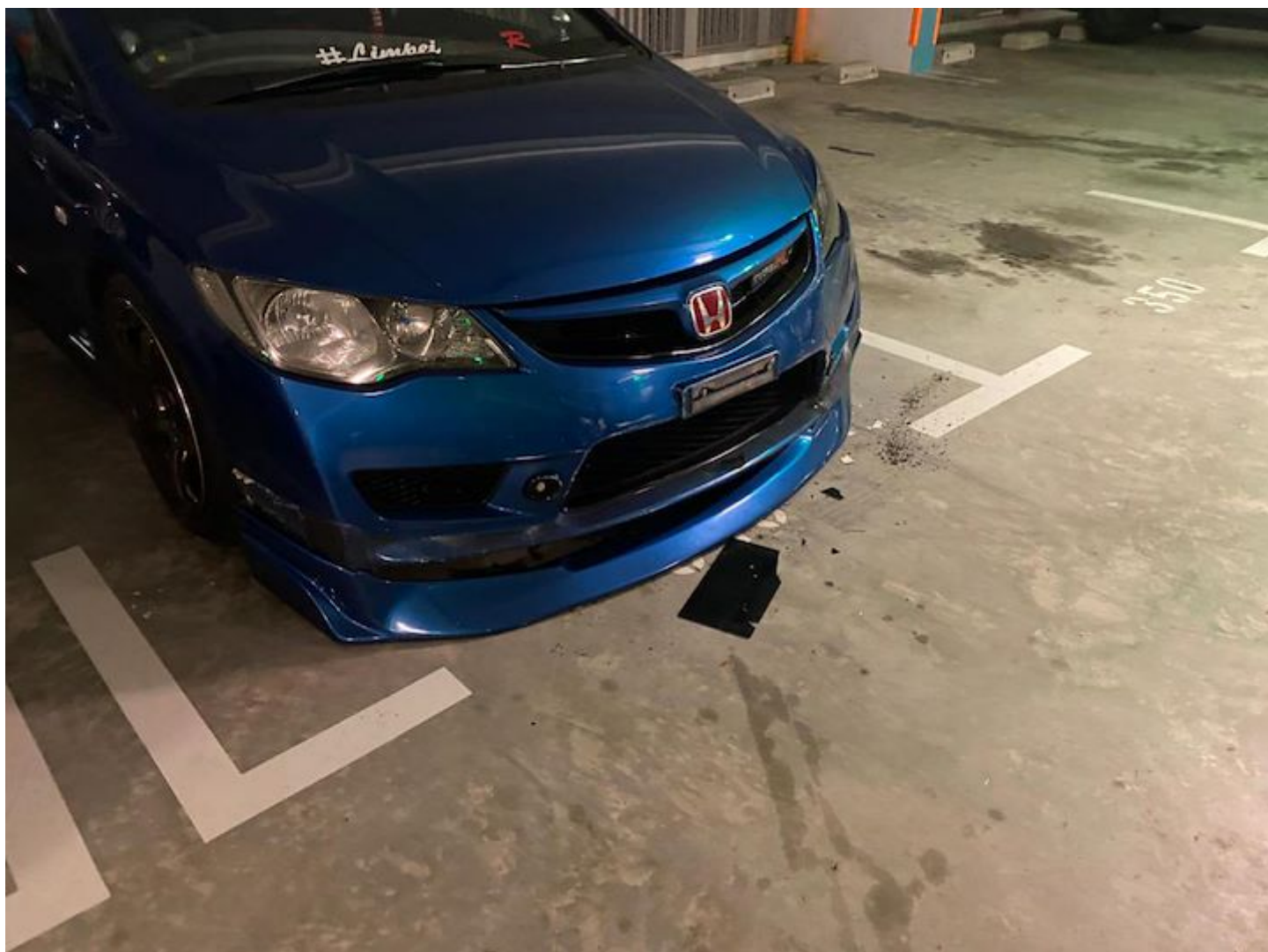


*[Signature]* 20/3/23  
1205  
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



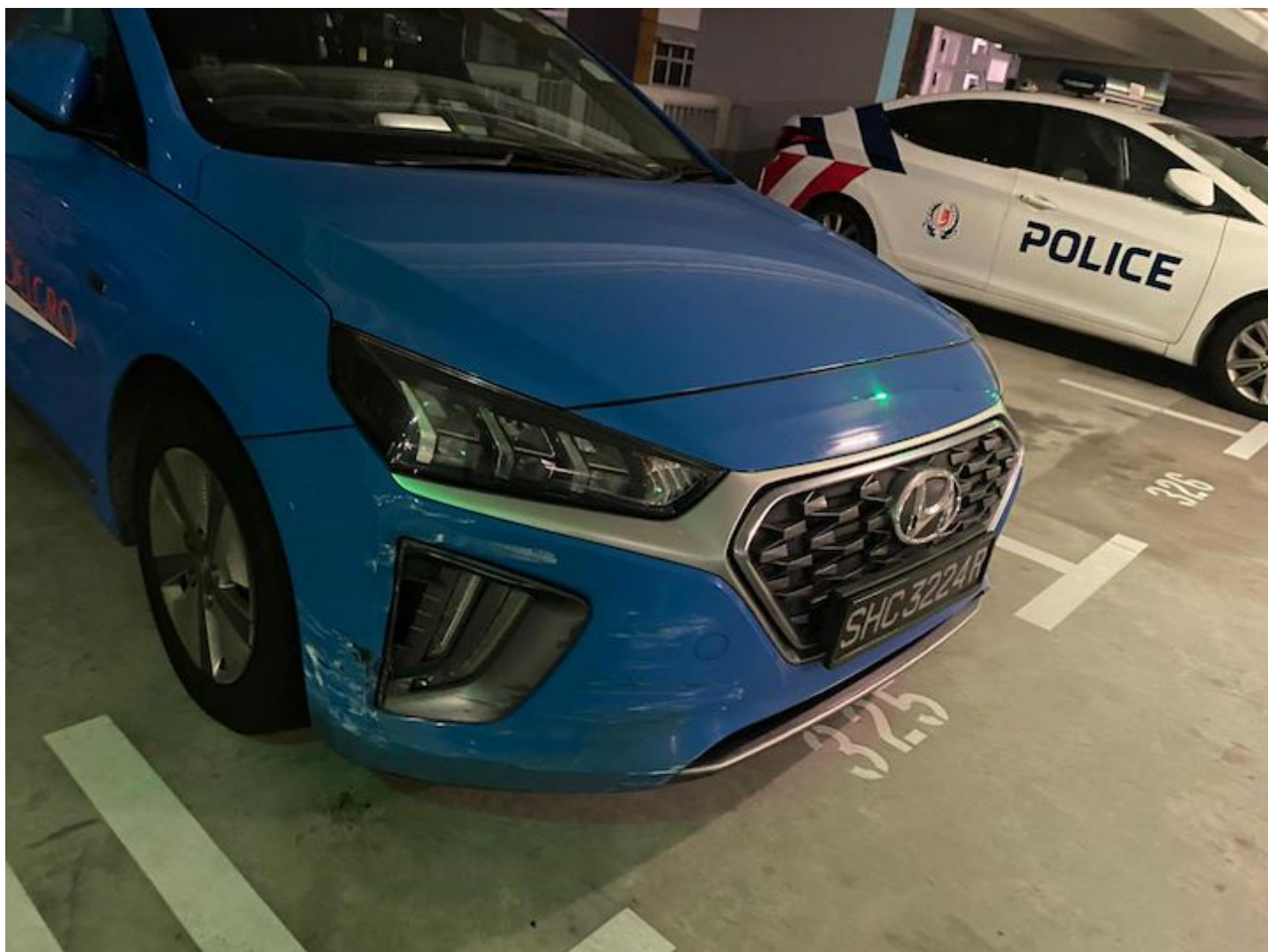






















































**SINGAPORE  
POLICE FORCE**



F/20230315/7001

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20230315/7001

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 15/03/2023 02:38	Vide Report No.	Station Diary No.
Name Of Informant HARISH S/O MURALITHARAN	Address 220C SUMANG LANE #15-45 SINGAPORE 823220	
ID Type / ID No. NRIC NO / S9601131H	Contact No. Home/Office:	Mobile: 96362013
Nationality SINGAPORE CITIZEN	Email Address HARISHBLIZZARD23@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 27
Institution/School Name	Date of Birth 06/01/1996	Race Indian
Date/Time Of Incident 15/03/2023 00:00 - 15/03/2023 00:10	Location Of Incident 220C SUMANG LANE #15-45 SINGAPORE 823220	

**Brief details.**

I was alerted by Punggol NPC at around 12 midnight on 15 March 2023 that there has been an accident involving my Honda Civic Type R SMX1996P and SHC3224R Hyundai Taxi from Comfort Delgro. My car SMX1996P was parked in a parking lot at 222 Sumang Lane Deck 5A when SHC3224R hit my car while attempting to reverse into the parking lot.

Subjects Involved	
Suspect	
Person Name	Driver of SHC3224R

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2023 02:38
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230315/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230315/7001

Gender	Male		
Victim			
Person Name	HARISH S/O MURALITHARAN		
ID Type	NRIC NO	ID No	S9601131H
Gender	Male	Age	27
Race	Indian	Language	English
Occupation	Sales manager	Address	220C SUMANG LANE #15-45 SINGAPORE 823220
Mobile No	96362013	Is Informant A Victim?	Yes
Person Name HARISH S/O MURALITHARAN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2023 02:38
Officer In-Charge Of Case:	Classification Of Case: